

# Teen Scene



## **GENERAL INFORMATION**

Program meets Mon-Fri 11:55-4:00 (immediately following Music & Arts Camp) on June 20 – July 14 (No camp on July 4)

## **THE STAFF**

Staff includes 4-5 leaders, college age or older. Ratio of Campers to staff is 12:1. Team Leader is certified in First Aid/CPR.

## **THE PROGRAM**

Each week consists of on-site and off-site activities. Participants will help plan on-site activities which may include arts & crafts, sports & games, special events etc. Off-site activities include swimming and field trips. Transportation is provided by school bus to all off-site activities.

## **INCLEMENT WEATHER**

Program has access to shelter in the event of rain. While Teen Scene is held rain or shine, there may be times when we need to cancel an off-site/field trip or swimming activity because of inclement weather. Because of the many activities planned during the week and the limited availability of places we visit, it is usually not possible to reschedule the trip. No refunds will be issued for activities that are canceled.

During periods of excessive heat /humidity, send your child a water bottle, dressed in appropriate light weight, light color, loose fitting clothing. Be sure they wear sunscreen. We will limit strenuous activity, take frequent breaks and do our best to stay indoors or in shaded areas during the hottest part of the day. Smith Middle School is air conditioned but other school building, the outdoors and buses are not air conditioned. Please pay attention to the schedule of activities. If you have concerns about your child, please consider keeping them home when high heat/humidity advisories are in effect.

## **DROP-OFF/PICK-UP**

Direct camper to report immediately to Teen Scene location when dismissed from their last class at Music & Arts camp. If you pick your child up after Music & Arts Camp be sure to notify Teen Scene staff. Attendance from M&A Camp is checked against Teen Scene and the staff will be looking for a child who attended M&A and does not show up for Teen Scene.

Campers will be required to sign themselves in and out each day. If your Camper will walk/bike to the program you will need to give the Staff a permission note.

Please be advised written permission is required when someone other than the Parent/Guardian is to pick up your Camper. It is important Campers be picked up promptly at 4:00 p.m. Staff has evening commitments such as other jobs they need to get to.

## **LATE PICK-UP FEE**

A \$15 late fee will be charged to a Parent/Guardian picking their Camper up after 4:10 p.m. The Staff member left to wait with your Camper will be responsible for collecting the fee. Campers who have not been picked up by the time the school building closes may need to be brought to the Parks & Recreation office and/or Glastonbury Police Department.

## **ATTENDANCE**

The schedule varies daily with quite a bit of off-site activity. It is essential you familiarize yourself with the day to day schedule as outlined on the Camp Calendar. Always read the Camp Calendar carefully! If you plan to drop-off or pick up your Camper at times other than 11:55 a.m. or 4:00 p.m. respectively, advise the Staff in writing in advance to avoid any problems. We may be unable to accommodate these requests on days of off-site/field trip activities.

## **LUNCH**

Campers and staff eat lunch together. Please send your Camper with a nutritious lunch and beverage. Send your Camper's lunch in a paper or soft insulated bag. No lunch boxes please. Please check your camp calendar as lunches may be provided on some field trips.

## **PERSONAL BELONGINGS**

Campers should not bring their personal belongings to camp. The Parks & Recreation Department and Camp Staff will not be responsible for damage/theft of such items.

## **SUNSCREEN**

Camp Staff is not responsible for applying sunscreen! Please be sure to send your Camper comes with sunscreen he/she can apply themselves.

## **TEEN SCENE T-SHIRT**

Campers will be given a Camp T-Shirt to wear on field trip days. Please be sure to indicate your Camper's size on the Camper Information Form included.

## **ADDITIONAL FEES**

There may be times when Camp Staff asks for additional fees to cover the cost of items for special activities (i.e. ice cream, picnics etc.) These are always optional and for those who choose to participate.

## **CAMPER INFORMATION FORM**

The Camper Information/Emergency Consent Form included must be completed and sent with your Camper on their first day of Camp. Please do not drop the form off at Parks & Recreation, bring it with your Camper on their first day. Campers participating in Teen Scene will not have to fill out a Music & Arts Emergency Form. The included form should be turned in at the start of Music & Arts Camp.

## **YOUR CAMPER WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT A FORM ON FILE!**

## **SPECIAL NEEDS & HEALTH/MEDICAL CONCERNS**

When registering your child you will be asked if your child has allergies, is on medication or requires medication in the event of an emergency or has any special needs. This allows us to plan appropriately for camp. A camp staff member will contact you prior to the start of camp in June if we have any questions or need further information. You may also contact Liz Gambacorta at [liz.gambacorta@glastonbury-ct.gov](mailto:liz.gambacorta@glastonbury-ct.gov) with any questions.

If your child requires medication you must complete and submit an "Authorization for Administration of Medication" form to the Parks & Recreation Office prior to the start of Camp. You may also be required to provide a written Treatment Plan from your Physician/Allergist with specific instructions of how and when medication is to be given. Forms are available online at [www.glastonbury-ct.gov/prforms](http://www.glastonbury-ct.gov/prforms).

## **FOOD ALLERGIES**

Because of food allergies, Camp Staff will enforce strict "No food trading/sharing" rules. Please instruct your Camper not to trade or share food with anyone else!

## **FIRST DAY**

Please send your Camper with a lunch, beverage and the completed Camper Information/Emergency Consent Form.

THE OUTLINE LISTED BELOW SHOWS THE OFF-SITE ACTIVITIES  
 PLANNED TO DATE AND ARE SUBJECT TO CHANGE!

## APPROPRIATE BEHAVIOR

Safety, respect of others, and a positive experience are our most important priorities. Our first step in preventing inappropriate behavior is to set clear limits as to what is expected at Camp. At the beginning of Camp, Staff will discuss the Camp Rules, the reasons for them and the consequences if they are not adhered to. We will attempt to redirect inappropriate behavior; however, situations may still occur. If a problem continues, the Team Leader, Leader and/or the Recreation Program Coordinator will discuss the situation with you and attempt to come to some solution.

Written Behavior Forms may also be sent home with the Camper. These will need to be signed and returned by the Parent/Guardian so that we know the behavior has been discussed with the Camper. While it is not our intent to discourage participation because of behavior problems, we are limited as to what we may be able to do to work with you to improve the situation. In cases where there is no marked improvement, the Camper may be asked to stay home for a day, miss a field trip and/or be removed from the program.

## BULLYING BEHAVIOR THAT IS HARMFUL TO THE SAFETY OF OTHER CAMPERS AND/OR STAFF WILL NOT BE TOLERATED.

Please talk with your Camper daily to be sure he/she is having a positive experience. Encourage them to bring problems to the attention of a Staff member as soon as they occur. Inform the Team Leader of any problem your Camper may be experiencing at Camp.

## CAMP CALENDAR

Campers will bring home a calendar for the entire 4 weeks that details activities, times, etc. Please plan to look for it!

## SWIMMING

Campers will swim at Grange (weather permitting). Certified Lifeguards help to ensure safety at the pool with the support of the Teen Scene staff.

## OFF-SITE ACTIVITIES/FIELD TRIPS

Off-site and field trip activities will vary week to week. Admission fees are included as part of your registration fee; however, any additional "spending money" is the responsibility of the Parent/Child. Detailed Field Trip Packets will be available online in June which will include all paperwork. Refer to Camp Calendars handed out on the first day of camp for special instructions regarding the trip, like what to bring etc, please remember to always send your child in their camp T-shirt on Field Trip days.

**DURING OFF-SITE FIELD TRIP ACTIVITIES, ALL STAFF ATTENDS WITH THE CAMPERS. IF YOU DO NOT WANT YOUR CAMPER TO PARTICIPATE, DO NOT SEND THEM ON THAT DAY/TIME AS THERE WILL BE NO SUPERVISION AVAILABLE.**

## THE WEEKLY SCHEDULE

The schedule varies daily with quite a bit of off-site activity. It is essential you familiarize yourself with the day to day schedule as outlined on the Camp Calendar. Always read the Camp Calendar carefully! If you plan to drop-off or pick up your Camper at times other than 11:55 a.m. or 4:00 p.m. respectively, advise the Staff in writing in advance to avoid any problems. We may be unable to accommodate these requests on days of off-site/field trip activities.

## Teen Scene Music & Arts Extended Day

<u>Week 1</u>	<u>June 20-June 24</u>	<u>Time</u>
Tue. June 21	Swimming @ Grange	1:30-3:00
Wed. June 22	TBD	TBD
Thu. June 23	J.B. Williams Park	12:30-3:30
Fri. June 24	Central Rock Gym	12:45-2:45
<u>Week 2</u>	<u>June 27-July 1</u>	<u>Time</u>
Mon. June 27	Teen Center	12:30-3:30
Tue. June 28	Swimming @ Grange	1:30-3:00
Wed. June 29	Devil's Hopyard	12:30-3:15
Thu. June 30	Wild & Crazy Gameshow	1:00-2:00
Fri. July 1	Launch Trampoline Park	1:00-3:00
<u>Week 3</u>	<u>July 4-July 8</u>	<u>Time</u>
Mon. July 4	NO CAMP	
Tue. July 5	Movies	TBD
Wed. July 6	Nomads-Outdoor Adventure	12:30-3:30
Thu. July 7	Newington Ice Arena	TBD
<u>Week 4</u>	<u>July 11-July 15</u>	<u>Time</u>
Mon. July 11	Teen Center	12:30-3:30
Tues. July 12	Swimming @ Grange	1:30-3:00
Wed. July 13	Brownstone Exploration Park	12:15-3:30
Thu. July 14	Ice Cream Emergency (On-Site)	

\*Times listed are times at activities; do not include travel time.

GLASTONBURY PARKS AND RECREATION DEPARTMENT  
**TEEN SCENE/MUSIC & ARTS CAMP**  
CAMPER INFORMATION/EMERGENCY CONSENT FORM

This form will provide Parks & Recreation staff with the information needed to care for your Camper in the event of an emergency. For your Camper's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

**ANY CAMPER THAT ARRIVES WITHOUT A COMPLETED FORM WILL BE SENT HOME. THEY MAY RETURN WHEN THE FORM IS COMPLETED AND ON FILE.**

**CAMPER INFORMATION**

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_ of \_\_\_\_\_  
Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Please provide us the name of the Parent/Guardian and where they may be **REACHED** during the program hours in case of a problem and/or emergency.

1) Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_  
2) Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

**OTHER CONTACT**

Please provide us the name of the person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Be sure to provide phone numbers where these people may be **REACHED** during the day.

1) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_  
2) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

**SPECIAL NEEDS**

In order to better accommodate your Camper, please make us aware of any special needs he/she may have. Please see the Camp After Camp Team Leader to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your Camper will require any special accommodations)

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CAMPER'S NAME \_\_\_\_\_

## **SWIMMING INFORMATION**

Participation in the Teen Scene program includes swimming at Glastonbury High School Pool. For safety reasons, please advise us of your camper's swimming ability.

Swimming Ability \_\_\_\_\_ Shallow End Only \_\_\_\_\_ Proficient Swimmer

Please Describe Swimming Ability \_\_\_\_\_

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## **MEDICAL INFORMATION**

If your Camper is on any medication or requires medication in the event of an emergency (i.e. food allergy, asthma etc.) **YOU must obtain and complete an Authorization For Administration of Medication form prior to the start of the program.** Forms are available at Parks & Recreation Office or from our website ([www.glastonbury-ct.gov](http://www.glastonbury-ct.gov)) Click parks & recreation website, downloadable forms, medication).

Known Medical Conditions: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medication to be Administered: \_\_\_\_\_

## **OTHER INFORMATION**

Use this space for any additional information that you feel might be helpful to the staff working with your Camper.

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## **EMERGENCY INFORMATION**

In an emergency, I give permission for the following persons to assume temporary care and to provide transportation for my Camper if we, the Parent/Guardian(s) cannot be notified.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If in the opinion of the Parks & Recreation program Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport.

If the situation permits, I prefer one of the following hospitals: \_\_\_\_\_

If the situation permits, I prefer one of the following physicians: \_\_\_\_\_

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for: Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ during my absence while my Camper is under the care of the Glastonbury Parks and Recreation program Staff.

I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_